

**CONTINUING EDUCATION CERTIFICATE OF COMPLETION
for INDIANA INSURANCE PRODUCERS**

PRODUCER NAME: _____

License Number

Expiration Date

I, _____, do hereby certify that the producer named above has completed the following course which has been approved by the Indiana Department of Insurance pursuant to IC 27-1-15.5.

Course Title: _____

Number of credit hours received: _____

Course completion date: _____

Indiana Course Identification Number: _____

Name of Course Provider: _____

Date Signed

Signature of Contact Person/Instructor

Do not send Certificates of Completion to the Department unless requested.

THE INDIANA DEPARTMENT OF INSURANCE REQUIRES PRODUCER SELF-REPORTING OF CONTINUING EDUCATION HOURS ON RENEWAL FORM.

LICENSEES WHO RECEIVE THEIR INITIAL LICENSE AFTER 1/1/2007 WILL NOT SELF-REPORT. ALL COURSE COMPLETIONS ON OR AFTER 1/1/2007 WILL BE REPORTED TO THE DEPARTMENT BY THE PROVIDER.

Producer must maintain original Certificates of Completion for two years following license renewal.

IDOI conducts monthly random audits of producers. Certificates must be presented if you are audited or upon request.

A renewal invoice will be mailed to your residence address 60 days prior to expiration date of license. The invoice will indicate the number of hours completed.

Renewal invoice and payment of fee must be mailed to P. O. Box 6129, Indianapolis, IN 46206-6129. Payment may be made by personal check *or by going to www.Sircon.com and paying with credit card.*